

THE HOMOEOPATHIC TREATMENT OF INFLUENZA

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It is essential when considering the treatment of any disease by homoeopathic methods to realize that the symptoms upon which a choice is made are not always those upon which the diagnosis depends.

One would say that probably the safer course is to proceed first with the diagnosis and having elicited facts objective and subjective which lead one to a diagnosis to begin again (though with greater practice the two stages are invariably combined and sorted out in the prescriber's mind) and to take the patient's symptoms in greater detail and with full attention to what we call modalities for often it is the modality which will decide the choice.

To take a simple example that of *thirst*.

The homoeopathic prescriber is not satisfied with simple description that thirst is present. He will wish to know whether there is a desire for cold drinks, acid drinks, warm or sweet, if in sips often or for copious amounts given frequently and so forth.

If the symptom is one of *pain*, headache, or otherwise he will wish to know the type of *pain*, aching, sharp, throbbing, burning etc., the exact site, its distribution and extension, whether caused by heat, dry and moist, whether relieved by rest; pressure or movement, whether aggravated at any particular time of day and so forth.

Out of this welter and multitude of symptoms and modalities there will emerge with practice a composite picture of, e.g. the patient who is essentially better when at rest, usually Bryonia, the patient essentially better for movement often Rhus toxicodendron and so forth.

Occasionally the symptoms are scanty and ill defined except for one or two which are peculiar, seeming to disregard all the known laws of physiology and nerve distribution. Then it is that the choice is made on the peculiar symptom after a study of the repertory which is our compendium of all symptoms arranged according to and in order of their importance, beginning with mentals and going right through the various systems of the body. Thus it is comparatively easy to trace your symptoms and the corresponding remedy.

Reference to a materia medica may follow in order to confirm in its entirety the choice and so to its administration.

The application of this method is the same whatever the disease and so in the following description of the treatment of influenza it must be presumed that the ordinary examination and the diagnosis have already been made.

He would indeed be a bold man who would attempt to cover in a short paper such as this anything like an adequate account of the homoeopathic treatment of influenza.

The time allotted might indeed suffice to cover the treatment by orthodox methods, but then, the treatment by orthodox methods once the diagnosis is made is more or less routine, and that is the first point I wish to make: that the homoeopathic treatment of influenza (as in any other disease) is *not* routine but essentially *individualistic*; not, as might be understood or rather misunderstood, according to the individual prescriber, but according to the individual patient! That is to say, no two patients with influenza need necessarily receive the same drug treatment, but that will be obvious as we go along.

On the other hand, it is true that most epidemics do run true to type not only in the symptomatology, but also in the drug picture which it shows to the homoeopath.

There is often a 'remedy epidemicus' which will cover the majority of the cases seen, though there will be many cases which do not fit into that average picture and will require a different remedy because they have different symptoms, though suffering, as far as one can tell, from the same disease.

The generalization is true of all disease when viewed from the homoeopathic angle.

The method I have chosen in discussing the subject of treatment of 'flu may seem to you too simple or too elementary for this learned assembly but in order that one should not approach the subject in any biased manner or with preconceived ideas even as to drugs, I have taken today for the purpose of this discussion the experience of my partner, Dr. Russell, and myself of a recent mild epidemic and *without prejudice* for, up till a week or so ago, neither of us had any idea as to the proportion of cases treated by one drug or the other.

I have taken 100 cases at random from *one* epidemic; there were others, and fortunately one was able also to consider a number of others treated allopathically during the same period under review.

I wish also to say that one has tried to eliminate various acute cases seen during the same period which did not seem to be true influenzas, and one may have indeed excluded some which *were*, though the outstanding symptoms were perhaps a tonsillitis or some manifestation which one felt might not be justly termed influenza.

In our 100 cases, the following were the drugs used:

Gelsemium	...	...	In 36 Cases
Bryonia	...	...	" 15 "
Sulphur	...	...	" 10 "
Rhus tox.	...	...	" 7 "
Eupatorium	...	...	" 7 "
Carbo veg.	...	...	" 2 "

Pyrogen	...	...	..	2 Cases
Kali carb.	...	...	..	2 "
Ars. alb.	...	...	..	2 "
Phytolacca	...	...	..	2 "
Belladonna	...	...	..	5 "

and Lach., Phos., Terebinth, Nat. mur., Nat. sulph., Nux vom., Nit. ac., Baptisia, Kali nit. and China in one case each.

Now I believe this will give us quite a satisfactory cross-section of the homocopathic treatment of influenza as any other. It is founded on fact, not theory, and no other ancillary treatment was given to these cases.

I fully realize that the epidemic was mild, but that would not affect our methods nor our choice of drugs and, I hope, would not affect our results!

Now taking the drugs consecutively, in order of merit if you like.

Gelsemium (36 per cent.). Well, most of us would have said that is bound to come out on top. Maybe! but neither this drug nor any other was given on the diagnosis alone. There was in each case something particular or peculiar which led to one's choice!

In Gelsemium it was *thirstlessness* in the majority of cases. That to my mind is *the* symptom, the *sine qua non* of *Gels.* That alone is no use, but given a case with the general symptoms of 'flu-aching all over, headache, coryza, cough, prostration, sleepiness *and thirstlessness*—that to me would be *Gels.*

The next symptom to which I give most prominence is the pain on moving the eyes from side to side. That is my *second sine qua non.*

My third is *shivering* up and down the back. Not up, not down, but up *and* down.

A relatively slow pulse is my *fourth* and, with all due deference to the critics of the *three-legged stool*, I consider my four quite sufficient in the average case!

The last symptom is also a symptom of typhoid fever, and though it is no part of my duty today to talk of diagnosis, I must make mention of this and ask the pathologists for some clue as to why this and a leucopaenia are both present in these apparently so different diseases. Mr. McDonagh has an answer to both. I know, though not many accept it.

Now to get a good result with *Gels.* I do like to get the case early, and it is with some trepidation that I give *Gels.* to a third-or fourth-day case, and then it is more on the principle of giving the drug one would have given if one had seen the case in the beginning, which is not a bad guide in some cases even of chronic disease. Prescribing on the patient as he *was*, *not as he is.* The purists may say this is not matching the symptoms at the time, but that is not so. It is when I feel that the case is not quite beyond that first stage that I feel impelled to give *Gels.*, for when it gets there in time it so often aborts the process and avoids complications.

It is very like Aconite, which I rarely give after the first twenty-four

hours of any acute illness, for after that it seems useless; yet when it is given in time it cuts the process short, hence why one is sometimes tempted, as with Gels., to give it on the history!

Another point in history which is helpful is *the speed of onset of the disease*. Typically, influenza is said to be like the *Black Death*: to strike the patient down within an hour. That I do not find at all invariable. And it is when the symptoms are comparatively gradual in onset that Gels. is most likely to be indicated, and similarly with Bry. The drugs which cover the sudden onsets are more Aconite and Belladonna.

So to me Gels. is *thirstlessness. Aching on moving eyes. Shivering up and down the back, and slow pulse.*

Bryonia. And now Bryonia (15 per cent.).

Here again, my first Gels. symptom has its opposite in Bry. Bryonia has a first-class thirst. *Could drink the sea dry is a common expression. Big drinks often.*

Bry. is dry and thirsty. That is my number one.

The pains and aches are *nuch worse for moving*. No. 2. *He wishes to lie still*. Gels. may do either, but the patient does not find much relief anyway; but Bry. is *definite*. He does not want to move at all. Resents being washed or the bed made for this reason. Gels. may do the same because he is too sleepy and tired to be bothered. *So get the reason for your symptom.*

Rhus will want to move, because he finds relief from moving, but he also will be definite. Ars. alb. will be restless because his mind is restless! Dioscorea will be restless because he must do something, not because the moving helps at all!

But this you all know, or ought to! Only they do bear repetition!

Bryonia if they have a cough, and they usually have one (put that as 2a if you like), will complain that the cough is *dry* (influenzal coughs generally are), *hard, and hurts his head and his ribs*. It is so painful, he must hold his chest while he coughs.

That is my *number three*. The sort of cough which hurts head and ribs, not so much the sternum though it may do that too, but the sides of the chest.

If there is *pain* such as may come on if pleurisy or pneumonia develops, then he *wants to lie on the painful side*. When you get that symptom you have a winner!

There are other helpful signs if present. Dull, besotted, heavy, congested colour of the face and lips. He looks a very ill person, more ill than, say, Gels. Gels. is sleepy. Bry. is toxic! Maybe different grades of the same thing, but they are different in appearance!

Sulphur (10 per cent.) is not usually given as a first prescription, though there are certain throats which somehow makes intuition whisper Sulphur to me: dirty yet not Merc., higher temperature perhaps than the usual; lack of the general concomitants; probably because they look streptococcal, which

I suppose ought to spell *prontosil* but does not always to the intelligent homoeopath!

In most of my cases Sulph. was given following upon the failure of some other remedy, and that is quite a good reason for Sulphur where the well-chosen, or so we hope, remedy does little or nothing and yet we can see no other. It is something to congratulate ourselves on, though I do as shouldn't, that our proportion of sulphurs is only 10 per cent.!

One case got Sulphur right away because she looked particularly dirty! Another after the failure of Bry. Another after the failure of Ars. alb., though here it might be regarded as a follower of Arsenic! Another because, though improved by Bry., relapsed and up went the temperature, another useful situation for Sulph. (cf. Merc.). Another in an old lady with poor resistance after Gels. failed, then Bry. (she went from thirstlessness to thirst!) and signs of *basal involvement*. Another strong point for Sulphur, spread of infection or if the signs at the base do not clear up as quickly as they ought!

Another seen after five days with such basal involvement was back at work five days later.

Another of the same type, "ill for a week, not progressing. P. 100. T. 99.2" and runs that every evening." Rales both bases, Dirty tongue, dirty complexion. Cleared in 3-4 days.

This is the sort of case where frequently if Sulphur does not clear Tub. bov. will.

Another fever for three weeks, with usual symptoms, only headache most severe. Seemed as if might be a typhoid. Had slow pulse. P. 84. T. 101°. Widal negative. Cleared quickly on Sulphur.

Rhus tox., which covered seven cases was prescribed essentially on its classical symptom of *pains better for movement*. It has the Gels. (as has Bry.) symptom of aching in the eyeballs worse for movement of the eyes side to side, *but* if very definitely, *and it must be definite*, the aching in the limbs and back are better for moving about the bed—"It is the only relief I get" is a common expression—then the case is Rhus.

I do not see the triangular red tip of the tongue very often, and the only other point which I find of great help is catching the cold or whatever it is from getting *wet*! That is a point in the history which is helpful.

Thirst is another, and the patient, like Ars., wants sips often!

Eupatorium perfoliatum covered another 7 per cent. In most of the cases the helpful symptom was *aching in the bones*. I always ask: "Is the aching deep, in the muscles, in the joints or in the bones?" It is often possible to get a very definite answer to this.

One patient offered the symptom because the very bones of the hands and fingers were aching.

Another is the aching eyeballs, *not only* on moving side to side. More often than not the patient proffers the symptom, aching in the ball of the eye.

One case, a boy, showed the classical sequence: *shivering, vomiting, headache, aching bones*.

Two other cases received Eupatorium on a peculiar symptom proffered by each: "Aching in the chest on breathing cold air." Both had fever and all the other usual symptoms, but in each case Eup. wiped out all the symptoms rather miraculously!

This is the place to emphasize the caution in going according to routine. I should not have prescribed Eup. on the other symptoms as, though there was some aching in the bones, it was not outstanding!

Belladonna (5 per cent.) was given in a child on the appearance—the flush, the dry skin and the thirst—which again is like Ars. little drinks often.

Another was given on the throbbing character of the very severe headache with all the Bell. modalities of worse light, worse movement, worse noise, worse jarring.

Another on the very good Bell. characteristic of pains in the head coming quickly and going quickly. So even if the picture is *influenza*, don't be put off your drug if the symptom is prominent and definite!

Bell. usually begins suddenly, with a good deal of mental excitement, particularly in children, and it is usually the flushed appearance suggesting a possible scarlet fever which puts one on to the drug. Rarely in these cases which are not scarlet does one get the denuded tongue or strawberry appearance. The fauces may be injected + + red as one often gets in 'flu, and which congestion a little deeper down causes the irritating cough.

Carbo veg. (2 per cent.) was given in one on appearance, bluish congested appearance, desire for air, and I will admit, the knowledge that Carbo veg. suited the patient before. It is a great advantage in Homoeopathy to know that a remedy has worked before in the same patient in a similar state!

The other received it on the well-known symptom of "wants the doors and windows open," which is present in other remedies but in none more than in Carbo veg. One finds this variation of the desire for air much more common than the "desire to be fanned!" A lot depends on the size of the sick-room and its position perhaps, as to which one gets.

Pyrogen (2 per cent.) was given on the disproportion of pulse and temperature, though the temperature was 104°. I find that it must be a pretty severe infection and a pretty high temperature before I give Pyrogen. In this case the pulse rate was 150. It has, of course, all the aching of a 'flu, but there is the suspicion of some superadded infection. One of my cases did have a pneumonia patch.

Kali carb. Both cases of Kali carb. were late cases which had had 'flu at least a week before, and when seen both had chests. One had rales at both bases; had difficulty in getting the phlegm up so typical of Kali carb. 'heaving' on attempting to raise the phlegm.

This to me is often the guide: the chest condition, the difficult expectoration, and the retching with cough.

The other was again a late 'flu with a chest very like the other but I knew that Kali carb. always helped her. She was the sort of patient who "always feels her emotion in her epigastrium" which, you will remember, is frequently Kali carb.

So Kali carb. is rarely early in the case, more often when chest complications have developed.

Ars. alb. (2 per cent.) chiefly on *thirst for small quantities*. You may say: Why not Bell? Why not Rhus? Well, the appearance of Bell. was not *there*, nor the amelioration from movement of Rhus, though the restlessness was a marked feature in both. Only it was more an anxious restlessness than a desire to move. *Very ill and very anxious about it is one of my guides for Ars.!*

Phytolacca (2 per cent.). I am rather doubtful about as to whether they were *pucca* 'flus or not, but I have retained them for comparison. Both had the most intense aching in the limbs and back, *but* both had some soreness of the throat.

When I get this combination very decidedly throat *and* aching it takes a lot to put me off Phytolacca.

One had a temperature of 103°, was sent home to bed, told to stay there till seen next day. On visiting him next day he was up, dressed *and* shaved. Felt O.K. Temperature normal. He had a CM 3 doses.

The other was very similar, though not so spectacular.

Lach. (one case). Typical symptoms *but* pain R.I.F., with very definite sensitiveness to the slightest touch so typical of Lach. I think she had a 'flu *and* either inflammation of the appendix or glands at the same time. I never postulate two infections at the same time, though it is not impossible. However, Lach. seemed to clear both! (Cf. Diphth. and Scarlet simultaneously with same patient. This I have seen).

Phos. was given on chest symptoms mostly. Cough with no primary coryza which is a marked feature of Phos. as opposed to Bry., which has many of the same symptoms of Phos. in the chest but usually begins in the head and travels down.

The cough was typically *tight, raw*, and the thirst was for *cold drinks* as big as Bry., but the essential was the *coldness!*

Terebinth was given to one case on the superadded symptoms of a pyelitis. This was, of course, a complication, whether post or propter I do not care to say, but there was, when seen, acute lumbar backache, frequency, and painful micturition, and pus in the urine. The symptoms as described primarily justified the diagnosis of 'flu. At any rate, Ter. cleared up everything!

Nat. mur. was given to another late case, chiefly on the excessive herpes and, though there were troublesome chest symptoms, all cleared quickly.

Nat sulph. was given to a case with congestion at the left base which simply refused to clear. Here one is prescribing on *localization*, but that is often the case. Ars. right upper chest. Aconite right apex. The left base is often the guide to Nat. sulph., particularly if the sputum is thick and greenish. Nat. sulph. reminds one of Kali sulph., but the Kali salt seems more useful in a loose bronchitic condition rather than in a definite congestion. Even the diagnosis of the exact type of pathology can be of use in choosing a remedy!

Nux vom. was given in one case, and I believe aborted a pneumonic process. There were other 'flus in the house, and the onset was like a 'flu. When seen on the second day the patient was flushed almost like a belladonna patient. I find this not uncommon in Nux cases. She ached and so forth, but her chief complaint was shivering, extreme, "cannot get warm. Yet feel so hot must uncover, then at once I shiver again. If I move my feet I shiver, or if someone moves the eiderdown."

There was pain at the right base, reduced R.M. T. 102.6° P. 100. Next day, T. 98.6°, P. 80, and never rose again, nor did the chest signs develop.

This is the sort of case which warns us to avoid routine prescribing!

Nitric acid perhaps should not be here at all. But he did describe the onset before I saw him, and it seemed a pucca 'flu. When I saw him his complaint was *throat*.

Impossible to swallow anything. I expected to see a quinsy, but there was not a lot to see. *Highly sensitive* patient. Cannot swallow anything, though there is not sufficient swelling to justify the description.

This I find is often Nitric acid.

Baptisia. This I find *not* very often indicated. I have *never* had the classical symptoms of disintegration of the body!

When Baptisia is indicated there is a very high temperature, 104° or so *and* abdominal symptoms, often with diarrhoea, a very low toxic state, *more ill than* Gels. I do *not* find the so-called abdominal 'flu common. One dictum I find helpful: when your case looks Baptisia but is chest, give Opium!

When Baptisia is indicated and given, one seems to get a very rapid fall of temperature and quick improvement.

It is interesting that Baptisia should be the remedy most often thought of in typhoid which, as I have said, also has the slow pulse and leucopaenia like influenza.

This again would support McDonagh's idea that there is a very close connection between the two infections!

Kali nit. was given in a case in which the prominent complaint of the patient was "tearing pain in the sternum." It was so bitterly complained of that I thought I would find some definite physical sign, but didn't.

She had the kali type of cough and the kali nit. localization and des-

cription of the pain. Analogies from one salt to another are of help. (Cf. *Veratrum alb.* and *Veratrum viride*).

Finally, China was prescribed in one case on the peculiar symptom, "*chilliness, coldness* in the abdomen with every inspiration." One was tempted to give the usual routine prescription on the general symptoms of the disease, but didn't and China seemed to work very quickly and satisfactorily.

Now I have said nothing about complications except in those cases with chests. The complications are legion and must be treated on their merits. They scarcely come into the treatment of influenza *per se*. Nor indeed do the sequelae, and so I shall quote but two cases as examples.

A couple of cases of *post-influenzal debility* will suffice.

One, a man not apparently a very severe attack but a sudden one without much fever, often, one notes, the worst type!

He had, of course, carried on at business and did not have any time in bed at all. Another nail in the influenzal patient's coffin if he is not careful!

But about five days after the cessation of all the acute aches and pains and temperature, he described his condition as follows:

Complete inertia. Complete lack of interest in everything, and when he said *everything* he *meant* everything! Whereas he was previously a good "trencherman," he simply could not eat anything. Not from nausea or disgust, but simply lack of interest.

He had no interest in his children, whom he idolized; nor in his wife. As *she* said, it seemed as if she didn't exist! If he had only been irritable, she said, but the awful indifference!

This was *Sepia*, strange in a man. But it did the trick and restored the patient to the bosom of his family!

The other, a woman, about 60; over the acute stage, depressed, weak, tired, refused to take the medicine!

Now this is where individualization comes in.

You say, Yes, *Lachesis*. Refuses to take the medicine because she has delusions that it may be poisoned.

No, it was the fact that she felt so ill that it wasn't worth while taking the medicine! That is quite different.

The *ars.* state, is exemplified by a story of two Cabinet Ministers crossing the Channel during the war on a destroyer on a particularly rough day. One said he felt so bad he was afraid he would die! The other said he felt so bad he was afraid he *wouldn't die*! That is *Ars*.

I feel that we are apt to forget *Ars.*, as the homoeopathic tonic (it was *Ars. iod.* to the older physicians, and they knew something.)

We are apt to go to such as *Psorinum* and miss the symptoms of *Ars.*, it is the old story of going to the *nosode* before one looks for the drug! A dangerous but common practice even in the best of circles!

What I do wish to say is this. It may be commented: Well, most of these cases would get well on their own. Maybe; but that seems to be no argu-

ment against giving soda sal., aspirin, phenacetin, etc., in orthodox circles. The argument cuts both ways.

As I said, I have had the opportunity of seeing other cases treated by other methods, and frankly believe that with homoeopathic prescribing one cuts down the duration both of the fever the subsequent prostration and the incidence of complication, e.g. the cough which in cases treated non-homoeopathically seemed to drag on, in my series rarely gave any trouble at all. When faced with the late cases of congestion and bronchitis, I am always relieved to know that I have some other means of treatment than expectorants and lincti, though both can be useful on occasion. *But* where the patient is low, the resistance depleted, I am certain that the treatment on the lines I have indicated does save life where nothing else will.

It is then that individualization matters. Nothing else does, not even the disease-process, the bacteria or the virus.

The average case may get well a little more slowly it may be or not with any form of treatment or indeed with none at all, but the case which is likely to develop complications or, having developed them, is fighting a losing battle, is the one where Homoeopathy will score every time; for it is that particular patient's reaction which determines the prognosis, and which fortunately gives the homoeopath his lead.

So in busy practice you will find the remedy epidemicus a great time saver, but don't forget the individual who may refuse to fit into the epidemic picture!

Homocopathy cuts across the doctrine of specificity.

What the patient gets from homoeopathic treatment which he gets from no other (and that is what matters in treatment), is the certainty that he will not be treated as a stomach, a bowel, a bladder, a throat, not even as the victim of a virus infection, a streptococcal infection, or a bacillary infection; *but* as an individual, like Peter's mother-in-law in the Scriptures *sick of a fever*.

Whereas, with all due deference to the bacteriologists, there may be grave doubt which germ is really responsible for his troubles, the symptom-picture has no such weakness; they (the symptoms) are there for the recognition, and the recognition in Homocopathy leads not only to diagnosis, but in its peculiarities to the remedy!

A certain proportion, may be my 37 per cent., may respond to the specific remedy, but what of the other 63 per cent.? Is my arithmetic correct?

The former are specifically individualistic, the vulgar throng who have the disease like Tom, Dick and Harry; but where we score particularly is in the treatment of the queer folk, those who refuse to take any disease in a normal fashion!

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